BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS REVIEW PROCESS

AGE PARAMETERS

Adult Chemical Dependency & Dual Diagnosis Criteria are for the review of patients 17 years of age and older. Adolescent Chemical Dependency & Dual Diagnosis Criteria are for the review of patients ages 13 to 17 years. For children under the age of 13 who are using substances, refer to the criteria in the Child Psychiatry product.

ORGANIZATION

Behavioral Health Level of Care includes Initial Review and Concurrent Review criteria for the following:

- Intoxication / Withdrawal
- No Withdrawal
- Dual Diagnosis

INITIAL REVIEW

Initial Review Rules

Initial Review is conducted for each new episode of illness and assists in triaging the patient to the most appropriate level of care. The reviewer determines whether the patient’s clinical findings indicate an Immediate safety risk or Severe withdrawal potential requiring an admission to inpatient detoxification or inpatient / observation level of care. If not, the patient’s clinical findings may indicate a Potential safety risk / Mild to moderate withdrawal potential. If a Potential safety risk or Mild to moderate withdrawal potential is present, then Substance of Choice or Functioning and Level of Care criteria must also be applied.

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Review Time</th>
<th>Review Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>New episode of illness</td>
<td>• Immediate safety risk / Severe withdrawal potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Potential safety risk / Mild to moderate withdrawal potential and Substance of Choice or Functioning and Level of Care</td>
</tr>
</tbody>
</table>

Initial Review Steps

1. Obtain and review the clinical information including, but not limited to, treatment plan, progress notes, emergency services record, and physician orders. This information may be communicated telephonically by the case manager, UR contact, or behavioral health clinician.

2. Select the most appropriate criteria subset based on the patient’s predominant presenting symptoms / behavior.

3. Apply Clinical Findings rule.
   - Select criteria based on the patient’s clinical findings and determine if criteria are met.
     - If using the Intoxication / Withdrawal subset and the patient’s clinical findings reflect an Immediate safety risk / Severe withdrawal potential, authorize an inpatient detoxification admission.
BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS REVIEW PROCESS

- If using the No Withdrawal or Dual Diagnosis subset and the patient’s clinical findings reflect an Immediate safety risk, authorize an inpatient admission or observation.
- If using the Intoxication / Withdrawal subset, and the patient’s clinical findings reflect a Potential safety risk / Mild to moderate withdrawal potential, apply Substance of Choice (Alcohol, Cannabis, Hallucinogens, Inhalants, Opioids, Sedatives / Hypnotics / Anxiolytics, Steroids, or Stimulants).
- If using the No Withdrawal or Dual Diagnosis subset and the patient’s clinical findings reflect a Potential safety risk, apply Functioning criteria (Severe, Moderate, or Mild impairment).
- If neither Severe / Mild to moderate withdrawal potential, nor Immediate / Potential safety risk criteria are met, request additional information or refer for Secondary Review.
  - Document criteria met.

4. Select Substance of Choice or Functioning (Severe, Moderate, or Mild Impairment) based on clinical information.

5. Apply Substance of Choice or Functioning rule.
   - Select BOTH from Symptoms (Intoxication) or ONE from Symptoms (Withdrawal) or from Impairments (Relationships or Role performance).
     - If criteria are not met from any of the Symptoms or Impairments, refer for Secondary Review.
     - If criteria are met, select a Level of Care from the options provided.
   - Select ONE from Level of Care.
     Apply applicable rule: ONE or BOTH or ALL for selected level of care depending on subset used (Patient treatment adherence or history, Risk, Support System, and Transportation available).
     - If criteria are not met, select a different level of care and continue review or refer for Secondary Review.
     - If criteria are met, authorize level of care
   - Document criteria met.

Initial Review Actions

<table>
<thead>
<tr>
<th>For these review findings</th>
<th>Do this</th>
</tr>
</thead>
</table>
| Initial Review rule **met** | • Authorize level of care.  
  • Schedule next review. |

| Initial Review rule **not met** | • Contact the behavioral health clinician or attending physician for additional information.  
  • If the additional information satisfies the initial review rule, authorize the level of care.  
  • If the additional information does not satisfy the initial review rule, refer for Secondary Review. (For information about the Secondary Review process, refer to page RP-14.) |

IMPORTANT: Cases should be referred for Secondary Review when:
- Criteria rules are not met.
You have questions about the quality of care.

The behavioral health clinician, patient, or patient’s family / guardian disagrees with the level of care assignment and an agreement cannot be attained.

The Initial Review process is displayed in flow charts on pages RP-6 to 9.

**Practical Tips**

- Use Initial Review criteria for a new episode of illness. A new episode of illness is defined by the plan benefits, or by a time interval determined by the health plan or organization during which the patient was not assigned a level of care. This includes:
  - All new patients.
  - Patients who have been out of treatment for a period of time (e.g., three months or as defined by the patient’s benefits).
  - Chemically dependent patients who have relapsed and may require detoxification.
  - Patients who were in treatment, signed out against medical advice (AMA), and now present for continued treatment.

- When you are unsure of how to use the criteria, refer to the “Instructions” note which provides directions for applying the criteria. This note is located on the Clinical Findings page of each Initial Review criteria subset (e.g., Intoxication / Withdrawal).

- Remember to check the time requirements associated with each subset, eg., Immediate safety risk / Severe withdrawal potential or Potential safety risk / Mild to moderate withdrawal potential, and Substance of choice or Functioning before selecting criteria.

- Many criteria include additional criteria points, which have their own rules identifying how many of the underlying criteria must be selected. In the following example, the criteria point requires that the patient have Suspected / Admitted substance abuse and at least one of the underlying criteria.

  **Example:**
  - Suspected / Admitted substance abuse, **ONE**
    - Suicidal / Homicidal ideation
    - Legal involvement
    - Risk for significant loss
    - Reckless / Impulsive...

- You may document as many criteria as you wish or as specified by your organization for data collection purposes, as long as the minimum number of criteria required has been met.

- When a level of care is not available in your area (e.g., Intensive Outpatient), we recommend that you refer the patient to the next higher level of care (e.g., Partial Hospital).

**NOTE:** You should document the number of these cases to determine if development of an additional level of care would be beneficial for your organization.

- Remember to check the notes attached to individual criteria points. Any criterion that has a note attached is marked.
BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS REVIEW PROCESS

Initial Review
Intoxication / Withdrawal

Is there an immediate safety risk / Severe withdrawal potential?

Yes

Authorize IDTX

No

Is there a Potential safety risk / Mild to moderate withdrawal potential?

Yes

Select Substance of Choice

No

Apply
No Withdrawal Criteria / Refer for SR

Alcohol

Meets Intoxication / Withdrawal

Refer for SR

No

Yes

Select Level of Care

OBSV Criteria met? IRHB Criteria met? ADTX Criteria met?

Yes

Yes

Yes

Authorize OBSV Authorize IRHB Authorize ADTX

Cannabis

Meets Intoxication / Withdrawal

Refer for SR

No

Yes

Select Level of Care

OBSV Criteria met? IOP Criteria met? OP Criteria met?

Yes

Yes

Yes

Authorize OBSV Authorize IOP Authorize OP

Hallucinogens

Meets Intoxication / Withdrawal

Refer for SR

No

Yes

Select Level of Care

OBSV Criteria met? IOP Criteria met? OP Criteria met?

Yes

Yes

Yes

Authorize OBSV Authorize IOP Authorize OP

Inhalants

Meets Intoxication / Withdrawal

Refer for SR

No

Yes

Select Level of Care

OBSV Criteria met? PHP Criteria met? IOP Criteria met? OP Criteria met?

Yes

Yes

Yes

Authorize OBSV Authorize PHP Authorize IOP Authorize OP

KEY:
IP = Inpatient
OBSV = Observation
IDTX = Inpatient Detoxification
IRHB = Inpatient Rehabilitation
ADTX = Ambulatory Detoxification
PHP = Partial Hospital
IOP = Intensive Outpatient
OP = Outpatient
SR = Secondary Review

Copyright ©2010 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.
Initial Review
Intoxication / Withdrawal (Cont'd)

Is there an immediate safety risk / Severe withdrawal potential?

- Yes: Authorize IDTX
- No: Select Substance of Choice

Select Substance of Choice

Potency

- Opioids
- Sedative / Hypnotics / Anxiolytics
- Steroids
- Stimulants

For each substance, consider:

1. Is there a potential safety risk / Severe withdrawal potential?
2. If yes, Authorize IDTX
3. If no, refer for SR
4. Select Level of Care
5. Authorize OBSV, IRHB, ADTX, or OP based on criteria met?

Key:
- IP = Inpatient
- OBSV = Observation
- IDTX = Inpatient Detoxification
- IRHB = Inpatient Rehabilitation
- ADTX = Ambulatory Detoxification
- PHP = Partial Hospital
- IOP = Intensive Outpatient
- OP = Outpatient
- SR = Secondary Review

For each level of care, consider:

- Criteria met?

Copyright ©2010 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.

RP-7
Initial Review
No Withdrawal

Is there an Immediate Safety Risk?

Is there a Potential Safety Risk?

Refer for SR

Select Functioning Level

Severe Impairment

Moderate Impairment

Mild Impairment

Select Level of Care

IRHB Criteria met?

PHP Criteria met?

IOP Criteria met?

Authorize IRHB

Authorize PHP

Authorize IOP

IP = Inpatient
OBSV = Observation
PHP = Partial Hospital
IOP = Intensive Outpatient
IRHB = Inpatient Rehabilitation
OP = Outpatient
SR = Secondary Review

KEY
BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS REVIEW PROCESS

Initial Review
Dual Diagnosis

Is there an Immediate Safety Risk?

Is there a Potential Safety Risk?

Authorize IP / OBSV

Refer for SR

Select Functioning Level

Severe Impairment

Moderate Impairment

Mild Impairment

Select Level of Care

IP / OBSV Criteria met?

IRHB Criteria met?

PHP Criteria met?

Select Level of Care

IRHB Criteria met?

PHP Criteria met?

IOP Criteria met?

Select Level of Care

PHP Criteria met?

IOP Criteria met?

OP Criteria met?

Authorize IP / OBSV

Authorize IRHB

Authorize PHP

Authorize IRHB

Authorize PHP

Authorize IOP

Authorize PHP

Authorize IOP

Authorize OP

KEY:
IP = Inpatient
OBSV = Observation
PHP = Partial Hospital
IOP = Intensive Outpatient
IRHB = Inpatient Rehabilitation
OP = Outpatient
SR = Secondary Review
**Behavioral Health Adult & Adolescent Chemical Dependency & Dual Diagnosis Review Process**

**Concurrent Review**

Concurrent Review Rules

Concurrent Review is conducted to validate the continued stay in a particular level or to determine the next appropriate level of care. The Review Time specifies a time frame over which symptoms or clinical findings develop, worsen, or improve. The actual number of hours, days, or visits authorized is determined by organizational policy.

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Review Time</th>
<th>Review Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent</td>
<td>Based on data derived from:</td>
<td>Apply current level Continued Stay or Alternate Level of Care</td>
</tr>
<tr>
<td></td>
<td>- Last 24 hours in IP and ADTX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Last 8 hours in OBSV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Last 5 program days in IRHB and PHP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Last 5 authorized visits in IOP and OP</td>
<td></td>
</tr>
</tbody>
</table>

Concurrent Review Steps

1. Obtain and review the clinical information including, but not limited to, progress notes, physician orders, medication record, flow charts or scales, and treatment plan.
2. Select the most appropriate criteria subset based on the patient’s predominant symptoms/behavior.
3. Select Current Level Continued Stay criteria, e.g., Inpatient Detoxification, Inpatient, Observation, Inpatient Rehabilitation, Ambulatory Detoxification, Partial Hospital, Intensive Outpatient, or Outpatient.
   - If the clinician requests authorization for treatment at the same level of care, apply Continued Stay criteria.
   - If the clinician requests authorization for a different level of care, apply Alternate Level of Care criteria (Continue at #6).
   - The rule varies depending on the level of care:
     Inpatient Detoxification, Inpatient, and Observation: BOTH
     Ambulatory Detoxification, Inpatient Rehabilitation, PHP, IOP, and OP: ALL
5. Select criteria to determine if the rule is met.
   - If criteria are met, authorize the continued stay and schedule the next review.
   - If criteria are not met, apply Alternate Level of Care (ALOC) criteria or refer for Secondary Review.
6. Apply ALOC criteria for Intoxication / Withdrawal, No Withdrawal, or for Dual Diagnosis.

Alternate Level of Care criteria for Intoxication / Withdrawal and No Withdrawal will direct the reviewer to an alternate criteria subset for Initial Review or to the most appropriate level of care.

- Select ONE from Clinical Findings
- Take action based on Clinical Findings:
  - If the patient’s Symptoms / Behavior (withdrawal or psychiatric) reflect new presentation / increasing, refer to Intoxication / Withdrawal Initial Review criteria or Dual Diagnosis Initial Review criteria.
BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS REVIEW PROCESS

- If the patient’s Symptoms / Behavior are increasing, apply ALOC recommendation indicated.
- If the patient’s Intoxication / Withdrawal symptoms are improving / resolved, apply ALOC recommendation indicated.
- If the patient’s Symptoms / Behavior are improving, apply ALOC recommendation indicated.

Alternate Level of Care criteria for Dual Diagnosis will direct the reviewer to the most appropriate level of care.
- Select ONE from Clinical Findings
- Take action based on Clinical Findings:
  - If an Immediate Safety Risk exists, authorize inpatient admission or observation.
  - If a Potential Safety Risk exists, apply the ALOC Recommendation indicated.
  - If the patient’s Symptoms / Behavior reflect new presentation / increasing, refer to Dual Diagnosis Initial Review criteria.
  - If Symptoms / Behavior are improving or resolved, apply the ALOC Recommendation indicated.

7. Select ALOC Recommendation.
- Apply applicable rule: ONE or BOTH or ALL for selected level of care depending on subset used and alternate level of care chosen.
- Determine if ALOC Recommendation criteria are met.
  - If criteria are met, authorize appropriate alternate level of care.
  - If criteria are not met, refer for Secondary Review.
- Document the criteria met.

 Concurrent Review Actions

<table>
<thead>
<tr>
<th>For these concurrent review findings</th>
<th>Do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Stay criteria met</td>
<td>• Authorize continued stay.</td>
</tr>
<tr>
<td></td>
<td>• Schedule next review.</td>
</tr>
<tr>
<td>Continued Stay criteria not met and</td>
<td>• Facilitate transfer to the designated level of care if the behavioral health clinician or attending physician agrees with the alternate level of care.</td>
</tr>
<tr>
<td>Alternate Level of Care met</td>
<td>• Refer for Secondary Review if the behavioral health clinician or attending physician does not agree with the alternate level of care. (For information about the Secondary Review process, refer to page RP-14.)</td>
</tr>
<tr>
<td>Continued Stay criteria not met and</td>
<td>• Obtain additional information from the behavioral health clinician or attending physician and discuss the treatment plan.</td>
</tr>
<tr>
<td>Alternate Level of Care not met</td>
<td>• If criteria are still not met, refer for Secondary Review. (For information about the Secondary Review process, refer to page RP-14.)</td>
</tr>
</tbody>
</table>

Copyright ©2010 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.
RP-11
IMPORTANT: Cases should be referred for Secondary Review when:

- Criteria rules are not met.
- You have questions about the quality of care.
- The behavioral health clinician, patient, or patient’s family / guardian disagrees with the level of care assignment and an agreement cannot be attained.

The Concurrent Review process is displayed in a flow chart on page RP-13.

Practical Tips

- Many criteria include additional criteria points, which have their own rules identifying how many of the underlying criteria must be selected. In the following example, the criteria point requires that the Services for Inpatient Continued Stay include Observation and at least one of the underlying criteria.

  **Example:**
  - Observation, **ONE**
  - Constant
  - Constant D/C’d \( w/in \) last \( 24h \)
  - One-to-one

- When you are unsure of how to use the criteria, refer to the “Instructions” note which provides directions for applying the criteria. This note is located on the title page of each Concurrent Review criteria subset (e.g., Intoxication / Withdrawal). In addition, program recommendations are listed (for reference only) for each specific level of care.

- When the clinician requests a different level of care for the patient than you last authorized, go to the current level of care and apply the Alternate Level of Care criteria to determine the next appropriate level of care.

  For example, a patient has been receiving Outpatient treatment for chemical dependency and the clinician now requests Intensive Outpatient for the patient. You would go to the Concurrent Review No Withdrawal criteria subset and apply the Outpatient (OP) Alternate Level of Care criteria to determine if IOP is appropriate.

- When a level of care is not available in your area (e.g., Intensive Outpatient), we recommend that you refer the patient to the next higher level of care (e.g., Partial Hospital).

  **NOTE:** You should document the number of these cases to determine if development of an additional level of care would be beneficial for your organization.

- Remember to check the notes attached to individual criteria points. Any criterion that has a note attached is marked.
Concurrent Review

Select Criteria Subset & Current Level of Care

Clinician requests authorization for different level of care?

Continued Stay Criteria met?

No

Select One

Refer for Secondary Review

Apply Alternate Level of Care

Clinical Findings and ALOC Recommendation met and clinician agrees?

Yes

Authorize ALOC

No

Refer for Secondary Review

Authorize Continued Stay at Current Level
DOCUMENTING VARIANCE DECISIONS

When the designated level of care is not available (Initial Review) or Continued Stay criteria are not met and an alternate level of care is appropriate, but unavailable (Concurrent Review), the reviewer should:

- Assign a Variance Code representing the recommended level of care that would have been appropriate, had it been available.
  
  IDTX = Inpatient Detoxification
  IP = Inpatient
  OBSV = Observation
  ADTX = Ambulatory Detoxification
  IRHB = Inpatient Rehabilitation
  PHP = Partial Hospital
  IOP = Intensive Outpatient
  OP = Outpatient
  OTH = Other

- Indicate the reason the patient has not been transferred (assigned) to the alternate level of care by assigning a Referral Code.

- Document the number of days (referred to as variance days) used at a specific level of care when a less intensive, less costly level is appropriate.

- Discuss the case with a secondary reviewer and document the review decision.

SECONDARY REVIEW

When a case does not meet criteria, it is referred for Secondary Review, which can be conducted by a supervisor, physician or designated clinician. It is a matter for organizational policy to determine the qualifications of the reviewers as well as the extent to which secondary review(s) is performed in order to render a review outcome. The secondary reviewer determines the medical necessity of admission or continued stay.

IMPORTANT: A secondary reviewer is essential for reviewing the more difficult cases. It is helpful to have a secondary reviewer who can represent and support the review staff in discussions with the medical staff and/or behavioral health clinicians. If your organization does not have a secondary reviewer, it would be beneficial to have a discussion with senior management about obtaining a secondary reviewer as either a staff member or a consultant.

When is a Secondary Review Appropriate?

- Criteria rules are not met.
- You have questions about the quality of care.
- The behavioral health clinician, patient, or patient’s family / guardian disagrees with the level of care assignment and an agreement cannot be attained.

What Questions Does a Secondary Review Address?

- Does the patient require this level of care?
BEHAVIORAL HEALTH ADULT & ADOLESCENT CHEMICAL DEPENDENCY & DUAL DIAGNOSIS

REVIEW PROCESS

• What are the treatment options?
• Is there a quality of care question?
• Should a specialist evaluate this case?

Secondary Review Process

The Secondary Review Process determines the appropriateness of the requested level of care. Follow these steps when you conduct a Secondary Review:

• If the secondary reviewer agrees with the requested level of care, approve the level of care and schedule the next review.
• If the secondary reviewer disagrees with the requested level of care, he/she discusses the options for this patient with the attending physician or behavioral health clinician. If the attending physician or behavioral health clinician:
  ➢ Agrees with the secondary reviewer, authorize the agreed-upon level of care, if available.
  ➢ Disagrees with the secondary reviewer, initiate action as approved by organizational policy.
• If an alternate level of care is recommended but unavailable, finalize the Variance Code.
• Document the review outcome.

IMPORTANT: The Criteria reflect clinical interpretations and analyses and cannot alone either resolve medical ambiguities of particular situations or provide the sole basis for definitive decisions. The Criteria are intended solely for use as screening guidelines with respect to the medical appropriateness of healthcare services and not for final clinical or payment determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.